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**\*BIBDATASHEET\***

CONFIRMATION NO. 2351

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/724,663	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1032-P00781US4
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/670,182 09/26/2000 ABN  
 which is a CIP of 08/922,905 09/03/1997 PAT 6,123,688  
 which is a CIP of 08/699,998 08/20/1996 PAT 5,788,677  
 which claims benefit of 60/002,630 08/22/1995  
 and claims benefit of 60/004,450 09/29/1995  
 and claims benefit of 60/005,895 10/26/1995  
 and said 08/922,905 09/03/1997  
 claims benefit of 60/025,342 09/03/1996  
 and claims benefit of 60/050,797 06/26/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 02/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

110

**TITLE**

PRE-FILLED RETRACTABLE NEEDLE INJECTION AMPOULES

<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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